

STAR+PLUS Provider Training

July 2014

History

- Senate Bill 7, 83rd Legislature, Regular Session, 2013 directs the Health and Human Services Commission (HHSC) to expand the STAR+PLUS Medicaid managed care program to include more services, populations, and areas of the state.

STAR+PLUS

- Medicaid program designed to integrate the delivery of acute care and long-term services and supports (LTSS) through a managed care system
- For people age 65 and older or who have a disability
- About 412,000 members currently served
- Each member is enrolled in a managed care organization (MCO), also known as a health plan

STAR+PLUS Expansion

- September 1, 2014
- Expands STAR+PLUS statewide to the three Medicaid rural service areas (MRSA)
 - MRSA Central, MRSA Northeast and MRSA West
- Estimated to serve an additional 80,000 members in STAR+PLUS

Mandatory Populations in STAR+PLUS

- Adults age 21 and older who:
 - Have a disability and get Supplemental Security Income (SSI) benefits, or
 - Do not get SSI, but qualify for STAR+PLUS Home and Community Based Services (HCBS) waiver services. These are called Medical Assistance Only (MAO) clients.

Voluntary Populations in STAR+PLUS

- Children and young adults age 20 or younger who receive SSI or SSI-related benefits may choose to enroll in STAR+PLUS managed care or remain in traditional Medicaid.

Dual Eligible Members

- Dual eligible clients with Medicaid and Medicare receive acute care services, including prescription drugs, from Medicare.
- Medicaid provides LTSS to dual eligible clients who need them.
- Medicaid provides some services to help cover treatment if Medicare does not cover it completely; these are called wrap-around services.

STAR+PLUS Service Coordination

- Specialized care management service available to all members and performed by an MCO service coordinator
- MCO nurses, social workers, and other professionals with the necessary skills to coordinate care
- Service coordinators assess member needs
 - Coordinate with Medicaid and Medicare providers
 - Authorize community-based LTSS
 - Arrange for other services (e.g. medical transportation)
 - Coordinate community supports (e.g. housing, utilities, legal)

STAR+PLUS Benefits for Adults

- Medicaid Only
 - Traditional Medicaid benefits
 - Primary care provider (PCP)
 - Community-based LTSS
 - Service coordination
 - Unlimited prescriptions
 - Value-added services
- Dual eligibles receive LTSS through STAR+PLUS Medicaid and acute care through Medicare

STAR+PLUS Benefits for Children

- Children's Medicaid benefits
- Primary care provider (PCP)
- Community-based LTSS
- Service coordination
- Unlimited prescriptions
- Unlimited necessary days in a hospital
 - Children in traditional Medicaid also receive unlimited prescriptions and unlimited necessary days in a hospital
- Value-added services

LTSS in STAR+PLUS

- Personal Assistance Services (PAS)
- Day Activity and Health Services (DAHS)
- STAR+PLUS HCBS Waiver – services provided through Community Based Alternatives (CBA) in traditional Medicaid:
 - Assisted living
 - Adaptive aids
 - Minor home modifications
 - Personal assistance services
 - Respite care
 - Emergency response
 - Transition assistance services
 - Home delivered meals
 - Nursing services
 - Medical supplies
 - Adult foster care
 - Dental
 - Therapies
 - Financial management services
 - Cognitive Rehabilitation Therapy (March 1, 2014)
 - Supported Employment and Employment Assistance (September 1, 2014)

STAR+PLUS Program Transition Overview

- Effective September 1, 2014, the Department of Aging and Disability Services (DADS) will no longer operate Primary Home Care (PHC) and DAHS programs for most Medicaid clients in the Medicaid rural service areas
 - STAR+PLUS will provide PHC and DAHS
 - PHC and DAHS clients will get services through MCOs, not DADS
- Effective September 1, 2014, DADS will no longer provide CBA services in the Medicaid rural service areas
 - STAR+PLUS will provide these services
 - CBA services through the MCOs are called STAR+PLUS HCBS waiver services

Impacts to DADS LTSS

Consumer Managed Personal Attendant Services (CMPAS)

- Although CMPAS is considered a Title XX program, SSI and SSI-related Medicaid eligibles currently receiving CMPAS in the Medicaid rural service areas will receive attendant care services through the STAR+PLUS program

All Other DADS Title XX Services

- Title XX services will remain with DADS
 - STAR+PLUS members requesting Title XX services will be referred to DADS and, if applicable, placed on the appropriate interest list
 - Individuals receiving Community Attendant Services (CAS) and Family Care (FC) are excluded from STAR+PLUS

DADS LTSS Contract Transitions

- To participate in an MCO network:
 - Home and community support services agencies (HCSSAs) must be licensed by DADS
 - Financial Management Services Agency (FMSA) must complete DADS required training
- STAR+PLUS MCOs are obligated to offer a contract to providers currently contracted with DADS (referred to as significant traditional providers, or STPs)
- DADS will terminate CBA contracts with LTSS providers, effective August 31, 2014

DADS LTSS Contract Transitions

- DADS will continue to operate all aspects of CAS, FC, and Title XX DAHS programs.
- LTSS providers should've received status of their contracts from DADS.

DADS LTSS Contract Transitions

Contract Management Responsibility

- If your DADS LTSS contract is terminated in full you will no longer be monitored by DADS for that specific contract
- DADS may conduct a close-out review of that terminated contract to ensure the provider has fulfilled all contractual obligations and responsibilities
- DADS may conduct monitoring of EVV as it relates to DADS' EVV compliance plan

DADS LTSS Contract Transitions

- DADS may conduct a pre-close-out review to assess the contractor's previous compliance history regarding billing including the most recent contract monitoring review and make a determination if a fiscal desk or onsite review of their billing is needed.
- DADS can request and review records, on or after September 1, 2014, related to a billing claim delivered to a DADS consumer under a DADS contract.

CBA – ISP Reassessments

- DADS case managers will be renewing Individual Service Plans (ISPs) expiring in July, August, and September 2014 based on the current service levels
 - This will negate the need for HCSSAs to reassess individuals with these ISP expiration dates
 - Some or most of the ISPs expiring in July 2014 may have already been completed. HCSSAs are allowed to bill for reassessments completed with a July 2014 expiration date.
- ISP Changes - CBA ISP changes must be received by DADS case managers by August 19, 2014 in order to be reviewed for approval prior to STAR+PLUS expansion
- HCSSAs are urged to refrain from processing any reassessments with ISP expiration dates on or after October 1, 2014
 - HCSSAs will no longer have this responsibility

CBA Semi-Annual Nursing Assessments

- HCSSAs will not be required to conduct semi-annual nursing assessments due in June, July, or August 2014 for individuals receiving CBA services required under the CBA contact.

CBA 1915(c) Waiver Reassessments

- Beginning October 2014, the member-selected MCO will complete reassessments, including the Medical Necessity/Level of Care (MN/LOC) assessment and all case action activities post implementation
 - HCSSAs will no longer have this responsibility
- Effective September 1, 2014, the MCO will submit the MN/LOC forms to Texas Medicaid & Healthcare Partnership (TMHP) for impacted LTSS consumers

Provider Payment by DADS

- Effective September 1, 2014, CBA 1915(c) waiver providers whose contracts are cancelled by DADS will only be able to bill for services delivered on or before August 31, 2014 under that cancelled contract number
 - Providers have one year from the end of the service month to bill

STAR+PLUS Support Unit

- Program Support Unit (PSU) – HHSC staff who support and coordinate certain aspects of the STAR+PLUS program
 - Assist members requesting placement on an interest list for STAR+PLUS non-managed services and administer the MAO interest list
 - Coordinate continuity of care for members suspended or disenrolled from STAR+PLUS

Contracting Method

DADS

- Open enrollment
- Licensure
- Contract
- Program specific

STAR+PLUS MCO

- Contract individually
- Additional providers dependent on network adequacy
- DADS licensure requirements still applicable
- Contract by service, not program
- May add licensed providers that are not contracted with DADS

Coverage Area

DADS

- Based on DADS Regions
- Multiple contracts across regions
- Multiple contracts within region for different programs

STAR+PLUS MCO

- Contract by service, not program or service area
- One contract could cover multiple counties or an entire service area

Rates

DADS

- Established on a statewide basis for each program
- Based on cost reports filed by providers
- Same for all providers

STAR+PLUS MCO

- Negotiated with each provider
- May establish fixed rates for each service or can negotiate different rates
- Provider can offer additional services for additional compensation
- MCOs are required to have a process in place to administer Attendant Rate Enhancement (ARE)

Cost Reporting

DADS

- Submit to HHSC Rate Analysis
- Required to set payment rates
- If not submitted, payment withheld by DADS

STAR+PLUS MCO

- Submit to HHSC Rate Analysis, even if not providing services through DADS
- Required to set payment rates for Medicaid fee schedule to:
 - inform legislators of costs of providing services
 - inform provider negotiations
- If not submitted, payment withheld by MCO

Home and Community Based Services

DADS

- CBA program based on a 1915(c) Nursing Facility Waiver
- Contracts are program specific
- Many authorized services are delivered through HCSSAs

STAR+PLUS MCO

- STAR+PLUS HCBS waiver similar to CBA and requires a nursing facility level of care
- Contracts are specific to individual services in the waiver
- Services can be authorized directly to the MCO network provider

Home and Community Based Services

DADS

- HCSSAs are responsible for arranging:
 - Minor home modifications
 - Adaptive aids
 - Medical supplies/equipment
 - Therapies(not an all-inclusive list)

STAR+PLUS MCO

- The MCO may contract directly with providers to deliver these services or continue to use HCSSAs to arrange for these services

Day Activity and Health Services (DAHS)

DADS

- DAHS providers may initiate services to SSI recipients prior to authorization

STAR+PLUS MCO

- DAHS providers must follow the terms of their agreement with the MCO and, if applicable, obtain authorization prior to initiating services

Assessment

DADS

- DADS case managers assess need for LTSS
- DADS authorizes HCSSAs to complete MN/LOC and 3671 for CBA applicants

STAR+PLUS MCO

- MCO service coordinators assess need for LTSS
- MCO is responsible for functional assessment for STAR+PLUS HCBS waiver services
- HCSSA provider licensure requirements still apply

Access

DADS

- Individuals needing assistance must contact DADS or be referred by family, provider, or community for assessment and authorization

STAR+PLUS MCO

- Enrollment is always effective the 1st day of the following month
- All members are contacted within 30 days of enrollment (90 days at time of implementation only)
- Informed about services available
- Initial contact and health risk questionnaire may lead to assessment and authorization for services

Verify Eligibility

- Your Texas Benefits Medicaid card
- Health plan website
- Contact the plan directly
- For after hour eligibility verification, call the health plan
- Automated Inquiry System (AIS) line at 1-800-925-9126



Your Texas Benefits
Health and Human Services Commission

**STAR + PLUS
QMB**

Medicaid ID Card

Member name:
John Smith

Member ID (Medicaid ID):
123456789

Issue ID: (00040)
XXXXXXXXXX

RxBN: **001111**

RxPCN: **ADV**

RxGRP: **RX1234**

Date card sent:
09/01/2011

Health plan / Plan de salud
**Your Plan
1-800-###-####**

Second program (optional)

Third program (optional)

Copay
PCP visit \$20 Urgent Care \$50 Emergency Room \$100

Limited Doctor

Dr. Provider
1234 Texas Place
Austin, TX 78758

Limited Drug Store

Neighborhood Pharmacy
1234 Texas Place
Austin, TX 78758

Health Plan ID Cards

- All members receive a health plan ID card, in addition to a Your Texas Benefits Medicaid card from HHSC
- The health plan ID card contains the following information:
 - Member's name and Medicaid ID number
 - Healthcare program (e.g. STAR, STAR+PLUS)
 - Health plan name
 - PCP name and phone number
 - Toll-free phone numbers for member services and behavioral health services hotline
 - Additional information may be provided (e.g. date of birth, service area, PCP address)

Authorizations

DADS

- Individuals are offered a choice of all contracted providers to deliver services
- Authorizations for PHC and DAHS are in force until changed and reviewed annually
- CBA services are authorized on an annual plan

STAR+PLUS MCO

- Members are offered a choice of MCO network providers
- Authorizations are service specific
- Authorization for STAR+PLUS HCBS waiver services are based on an annual plan

Authorizations

- For those members receiving LTSS in the STAR+PLUS expansion area:
 - LTSS provider authorizations will be honored for up to six months, or until the MCO does a new assessment
 - The MCO will ensure that providers are paid during the six month transition period or until the MCO has developed a new ISP for the member
- Requirements to obtain and timeframe of authorization vary by MCO

Claims

DADS

- Claims are paid through the Claims Management System
- Claims are edited and payment is based on authorization

STAR+PLUS MCO

- Claims are paid by the MCO
- STAR+PLUS MCOs utilize the uniform billing guidelines for all service areas
- Providers must file claims within 95 days of the date of service (DOS)
- MCOs are required to adjudicate most claims within 30 days

Uniform LTSS Billing Guidelines

- Use only the CMS 1500 claim form
- Use only the Uniform Billing defined LTSS procedure codes and modifiers, link: <http://www.hhsc.state.tx.us/medicaid/managed-care/umcm/>
- Providers may bill either:
 - individual dates of service, or
 - multiple dates of service starting with the first day of service (example: providers may bill for September 1, 2014 – September 15, 2014 on one billing and then bill for September 16, 2014 – September 30, 2014 on your next billing)
- Submit claims via the MCO secure portal or by mail
- Bill using federally-assigned NPI
 - Or API given by the MCO if you do not have an NPI
- The MCO will provide you with instructions on completing the claim form, accessing their website, and all means to file claims directly to the health plan

Appeals and Fair Hearings

DADS

- Individuals are reminded of their right to a Fair Hearing when services are denied, reduced, or terminated
- Individuals are reminded of that right when they are determined ineligible for CBA

STAR+PLUS MCO

- Members may appeal to the MCO and/or file a Fair Hearing request with the State if services are denied, reduced, or terminated
- Members and applicants are notified by the State if determined ineligible for STAR+PLUS HCBS waiver services

Health Plan Management

- HHSC monitors MCO performance quarterly for these key indicators:
 - Network adequacy
 - Claims processing and payment
 - Hotline performance
 - Complaint processing
- Additional contract requirements and performance measures are monitored on an ongoing basis
- Email complaints to HPM_Complaints@hhsc.state.tx.us

Enrollment Activities

- May 2014
 - Clients sent introduction letter, including health plan comparison chart, and links to provider directories
- June 2014
 - Clients sent enrollment packet with provider directory, health plan comparison chart, enrollment form, and frequently asked questions
- August 15, 2014
 - Mandatory managed care clients must choose a health plan or HHSC will assign them to one
 - Clients may choose a health plan by phone, mail, or online and may change at any time
- September 1, 2014
 - STAR+PLUS enrollment takes effect

LTSS Provider's Role in Enrollment

- Support the candidate or legally authorized representative in making a choice by providing information.
- If candidate is unable to communicate choice, reach out to involved family and friends so they can assist the candidate in making a choice or so they can make a choice on the candidate's behalf.

Other Communications: HHSC

- Medicaid Managed Care Initiatives Information Sessions (November 2013 – April 2014)
- Provider Trainings (June – August 2014)
- Expansion of Managed Care web page
- MAXIMUS Enrollment and Education Events
 - www.TXMedicaidEvents.com
 - Look for “STAR+PLUS Expansion Event”

Other Communications: DADS

- DADS publishes information regarding the transition of LTSS from DADS to the STAR+PLUS program on the DADS website at: www.dads.state.tx.us/providers
- Refer to information letters and alerts regarding managed care and STAR+PLUS topics
 - **Information Letter No. 14-23**
 - Expansion of the STAR+PLUS Medicaid Managed Care Program to the Medicaid Rural Service Areas
 - **Information Letter No. 14-24**
 - Reassessment Process in Preparation of STAR+PLUS Expansion in Rural Service Areas

Next Steps

- Become familiar with the STAR+PLUS MCOs operating in counties where you are delivering services under contract with DADS.
- Health plans operating in this service area are here today to help answer your specific questions.
- Sign and return contracts and credentialing applications to the MCOs in order to become a participating network provider.

Resources

- HHSC Expansion of Managed Care web page:
<http://www.hhsc.state.tx.us/medicaid/managed-care/mmc.shtml>
- Provider Relations contacts by service area:
<http://www.hhsc.state.tx.us/medicaid/managed-care/mmc/provider-relations-contacts.pdf>
- Email general questions to:
Managed_Care_Initiatives@hhsc.state.tx.us
- Email individual case inquiries securely to:
ManagedCareExpansion2014@hhsc.state.tx.us